

Server Training in Alcohol Regulations (STAR) Class Registration Form

Department of Alcoholic Beverage Control
1003 Twilight Trail, Frankfort, KY 40601
Toll Free: (888)-847-7222 FAX: (502) 564-7479

For Office Use Only
Validation Number (#)

Business Name (as it appears on license): _____

Site Id #: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____ Board Ordered Training: Yes No Case No#: _____

Class Information:

City : _____ Location : _____

Date of Class Requested: _____ Time: _____

*** One registration form for each class date required.

Payment:

The training fee for each student is \$40. Pre-payment is required for admittance. All checks should be made payable to the "KENTUCKY STATE TREASURER". If paying by credit card, please complete the "Remittance Form" on the next page. **There will be a 2.75% convenience fee added to the total for credit card payments.** Select your method of payment:

Check Credit Card MoneyOrder

STAR Student/Group Registration Form: (Please complete the following for each student attending)

*** If you have additional people to register please list them on the following page.

Student Information

Social Security Number(SSN)	First Name	Last Name	Middle Initial	Date of Birth	Student Email Address



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

REMITTANCE FORM

*******There will be a 2.75% Convenience Fee added to the total for Credit Card payments and \$0.35 for Electronic Fund Transfer/Automated Clearing House (EFT/ACH) payments.*****
Please fill out the information for the chosen payment type and sign at the bottom of the page.**

Please provide your name, address and telephone number in case we need to contact you regarding this payment:

Name _____ Address _____
Telephone Number _____ Amount of payment \$ _____

EFT/ACH PAYMENT

Print Name (as it appears on the account) _____
Routing Number _____ Account Number _____

CREDIT CARD PAYMENT

Card Type: Visa Master Card Discover
Print Name (as it appears on the account) _____
Card Number _____ Expiration Date (Month/Year) _____
CVV/Credit Card Security Code (3 digit number on the back of the card) _____

PAYMENT REASON & AUTHORIZATION

Please apply this payment to the following licensee _____
License Number(s) _____ SITE ID # _____
Reason for payment _____

By signing and dating this form, I authorize my credit card to be charged or bank account to be debited for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Name _____ Date _____